

Case ID # \_\_\_\_\_ Last Name: \_\_\_\_\_

**WORK RELATED ASTHMA:  
FOLLOW-UP WORKER QUESTIONNAIRE COVER SHEET**

<input type="checkbox"/> Completed	<input type="checkbox"/> Refused	<input type="checkbox"/> Not Conducted, Reason _____
Interview Date ____/____/____		Interviewed By _____
Source: <input type="checkbox"/> WC, Claim ID: _____ <input type="checkbox"/> Provider Report <input type="checkbox"/> Other, List _____		
<b>Confirm the following demographic information:</b>		
Worker's Name _____		
Address _____		
Employer at time of claim filing/provider report (see source above) _____		
DOB ____/____/____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Phone: _____

**NOTES TO INTERVIEWER**

- All questions about or referring to the worker's employer, work, or workplace refer to the worker's employment when the claim or physician's report was filed. If the worker has since changed jobs, or is currently unemployed, make sure the worker understands which employer we want to collect information on. This should be done at the time demographic information is confirmed with the worker.
- All instructions are in bold, and should not be read as a part of the script.

**INTRODUCTION AND VERBAL CONSENT**

Hi, my name is \_\_\_\_\_, and I work with the SHARP Program at the Department of Labor and Industries. Our program researches workplace health and safety issues and we're currently working on a study to identify and prevent asthma caused by exposures in the workplace.

A couple weeks back we sent you a letter and some educational materials on occupational asthma. The reason we're calling today, is to ask for your participation in a brief interview about your work and how you became sick. Information about your experience can help us create safer and healthier working conditions.

The interview should take about 20 minutes. Participation in this research is voluntary. There will be no penalties for refusing to participate, or if you wish to skip questions or stop the interview at any time. All of the information you share will be confidential. Furthermore, none of the information you provide will be shared with workers' compensation claim managers or affect the outcome of any current or future claim in any way.

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1. Are you 18 years old or older? ☐ Yes ☐ No

**If NO,** We're only interviewing workers 18 years old or older, so we won't need any more of your time today. Thank you for your cooperation. Goodbye.

2. Are you willing to participate in the interview? ☐ Yes ☐ No

2a. **If NO,** Is there another day or time that I may call you back? ☐ Yes ☐ No

2b. **If YES, List preferred day/time** \_\_\_\_\_

2c. **If NO, List reason for refusal** \_\_\_\_\_

**Date verbal consent obtained:** \_\_/\_\_/\_\_\_\_

\_\_\_\_\_  
**Interviewer Name**

\_\_\_\_\_  
**Interviewer Signature**

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